## **Business Psychology Associates**



## **ATR III**

## Frequently Asked Questions (FAQ)

- 1. Q: How long will it take to get the initial assessment authorization from BPA?
  - A: It can take up to 48 business hours for the Client Intake Packet to go through BPA's electronic document system and be processed by the Client Services Center. If the Client Intake Packet is not complete, BPA will communicate with the referral source to obtain any missing information. An authorization is not created until BPA has received all required documentation.
- 2. Q: How do clients receiving treatment or recovery support services (RSS) receive authorization extensions?
  - A: No more than 2 weeks prior to the expiration of the client's authorization the treatment provider will need to submit a Continued Stay Request (CSR) form to BPA. Following the review and the determination the client continues to meet medical necessity criteria, a new authorization will be sent to the provider. RSS authorizations are concurrent with treatment authorizations.
- 3. Q: How many GPRAs does a client have to participate in?
  - A: The client will need to complete three GPRAs throughout the course of their case. The GPRAs will be conducted at intake, six months after intake and at discharge.
- 4. Q: Should a provider notify the referral source if the client is not participating in treatment?
  - A: Yes, the provider and the referral source should collaborate regarding the client's participation and progress in treatment.
- 5. Q: If a client has Medicaid can they access ATR funding?
  - A: Yes, if a client has Medicaid they can utilize their Medicaid benefit with ATR funding. The referral source must identify the client is Medicaid eligible upon intake. Authorizations will be put under the dual Medicaid/ATR Misdemeanant plan. Medicaid will be the primary funding source and cover all Medicaid eligible services, ATR will be secondary and pay for services that are not covered under Medicaid.
- 6. Q: Can a treatment provider refer a misdemeanor client into treatment under ATR?
  - A: Yes. A temporary pathway is being utilized to <u>supplement</u> the existing paper pathway that MPOs are currently using. The provider will complete sections "A" and "B" of the Supervised Misdemeanant Referral Form along with a Release of Information and provide copies to the county probation.

- 7. Q: Can ATR funds be used for transportation to get to treatment?
  - A: Yes. Recovery Support Services (RSS) are an important part of the ATR grant. These services include transportation, case management, drug testing, child care, and safe and sober housing. Please collaborate on the clients needs for RSS services with the PO.
- 8. Q: How does "provider choice" work with ATR?
  - A: ATR requires that the client be offered a choice between at least two treatment providers, of which, at least one must not be faith based. Once the client has completed the GAIN I assessment, they will be provided with a choice of BPA network treatment providers. The client may choose any of these approved providers.
- 9. Q: What are the GPRA timeframe guidelines(including the discharge requirements)
- A: GPRA's must be data entered into Provider Connect within three (3) business days of the interview
- GPRA's must be ACCEPTED within seven (7) days of the interview date to ensure payment and for the GPRA to be counted towards the provider's completion percentage \*This does not mean clients will lose their authorization. The GPRA can still be submitted and authorization can be given it just falls out of the SAIS guidelines.
- 10. Q: What does the provider do when the client is a "no show"?
  - A. First it is important to know that each GPRA is different and there are different ways to respond for each interview type.
    - a. Intake GPRA If it has been over 30 days and the client has not come in for their interview, please submit a Client Services Discharge form via fax to BPA. Do not submit a GPRA Intake if the client never came to the office. BPA will offer a one-time extension for clients who have set an appointment with the provider within the authorization period but the interview date is outside of the authorization span. If the client misses the appointment after the authorization was extended for them, they will be required to call into BPA and rescreen or request that they have a new referral submitted on their behalf.
    - b. Discharge GPRA If the provider is unable to complete the Discharge GPRA interview with the client, the provider should submit a Client Services Discharge form as well as a Discharge GPRA. In section A. of the Discharge GPRA, the provider will be able to note if they conducted a Discharge GPRA interview or not. If the client did not come to the office, the field should be populated with "No".
    - c. Six Month Follow-Up GPRA The provider should attempt to schedule an appointment with the client at least twice. It is important that the provider notify BPA's Operations Coordinator anytime the client misses an appointment for this particular GPRA interview so documentation can be made and assistance to the provider can be given by BPA.

- 11. Q. If a client transfers from a different provider, does the new provider complete an Intake GPRA interview?
  - A. No, there should only be a total of three (3) GPRA interviews conducted. The provider who did the GAIN assessment should be the same person who completes the GPRA. The provider who completed the Client Services Discharge form should be the provider who completes the Discharge GPRA. The provider who has the treatment authorization at the time the client's Six Month Follow-Up GPRA is due should be the provider who completes the Six Month Follow-Up GPRA.
- 12. Q. Can GPRA interviews be done telephonically?
  - A. No, all GPRA interviews must be done face to face with the client.
- 13. Q: Are authorization extensions allowed?
  - A. As mentioned above, this would only apply to the Intake GPRA interview. BPA will offer a one-time extension for clients who have set an appointment with the provider within the authorization period but the interview date is outside of the authorization span. If the client misses the appointment after the authorization was extended for them, they will be required to call into BPA and rescreen or request that they have a new referral submitted on their behalf.
- 14. Q: If the provider is only doing the assessment for the client, what should be marked as a modality?
  - A. Please select "Outpatient" as the modality if only the assessment is being conducted for the client.
- 15. Q: Why can't all modules on Provider Connect be explored when entering a GPRA?
  - A. In most cases this is a security setting that needs to be modified. This usually happens if using a new computer or if entering the provider's first GPRA. Please contact BPA's Operations Coordinator for assistance.
- 16. Q. If the provider started seeing a client before the GPRA was accepted, will the authorization be backdated?
  - A. No. If the provider seeing a client without authorization, BPA is unable to compensate for those visits. BPA shares the same concerns as our providers and has taken the steps necessary to avoid barriers to the clients care. Providers are able to see if the GPRA is accepted or rejected 3 minutes after submitting the GPRA. If not accepted, the response includes a detailed letter that addresses the section that has the error as well as the solution to the error. BPA also has staff ready to assist providers with questions they may have or additional support they may need.
- 17. Q. The client is up for their 6 month Follow-Up and can't get them in for their appointment. How does the provider handle this?
  - A. This would be considered a "no show" and as mentioned above, the provider should attempt to schedule an appointment with the client at least twice. It is important that the provider notify BPA's

- Operations Coordinator anytime the client misses an appointment for this particular GPRA interview. We need to make document and provide assistance to the provider can be given by BPA.
- 18. Q. The provider accidentally entered the wrong GPRA for a client. How is this corrected? (Example: Entered a 6 month Follow-up when it should have been a Discharge GPRA)
  - A. Please contact BPA as soon as the problem is identified and complete the GPRA that should have been submitted.
- 19. Q. What if the client discharged before their window opens and before their 6 month Follow-Up? How many GPRA interviews are needed?
  - A. Two (2) separate INTERVIEWS are needed, one interview for the Discharge GPRA and one interview for the 6 month Follow-Up when the window opens
- 20. Q. What if the client discharged before their 6 month Follow-Up but is in their window? How many GPRA interviews are needed?
  - A. Only one GPRA interview is needed but two records should be entered in Provider Connect, one record for the Discharge and one record for the 6 month Follow-Up
- 21. Q. Can I do an intake and discharge GPRA on the same day?
  - A. Yes, if this is to happen the decision will be clinically reviewed by BPA. The provider should contact BPA's Care Management team for review.
- 22. Q. As the treatment provider, how can I get a copy of the RSS voucher?
  - A. Please contact the SUD Frontline staff for a copy. We are working internally on an automated process but for now, it is a manual process.
- 23. Q. Any changes coming for the ATR III clients?
  - A. Yes! BPA and DHW have been working on the following enhancements to the program:
    - Adolescent Safe and Sober Housing-scheduled to go into effect in September 2011
    - BPA is building a process to issue a treatment voucher in conjunction with the assessment voucher after the GPRA has been approved and accepted. This will eliminate the need to issue an assessment only voucher.
    - For Supervised Misdemeanant clients, providers may now submit a current GAIN-I or send BPA an update if the GAIN-I was conducted in the past 90 days.
- 24. Q. Who do I need to call if I have questions about the GPRA or ATR III?
  - A. Please contact Maya Renee, Operations Coordinator at BPA. Maya's can be reached at 800-922-3406, option 6. Her direct line is 208-947-5145.